U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

AMENDED FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

410			
1. File Number U - 45	2. Fiscal Year Covered From:		
9989	// / 2004 Through: 1/2 / 3/ / 2004		
3. Name and address of person filing.	Name, file number, and acdress of labor organization.		
Name George J FRANCISCO JR	Name NATIL. CONFOFFIREMEN+OILERS		
	Labor Organization File Number 000-083		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 10 Th FL		
Street 15 HUNTERS LANC	Street 1023 15+4 57. NW		
City Southampton	City WASHING TON		
State	State D C 20005 ZIP Code + 4		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion of the ex	usions set forth in the instructions):		
Name			
Trade Name, if any:	V/A		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	1.// 60		
City			
State ZIP Code + 4	/		
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, porfect, and complete. See the se	ring documents), has been examined by the signatory and is, to the best of the		
Signed Leage Coracies	On 8/24/5 202-2/3-0/42 Telephone Number		

Name of Person Filling George J FRANCIS	sco, VR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name		r		
Trade Name, if any:	a. Labor Organizat	11011		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	C. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.		
Name NATY CONFOFFIREMEN + OILERS PENSION FUN	CHAIRMAN,	TRUSTER OF FUND		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 27 Roland Ave	11.b. Approximate dollar valu	e of such dealing.		
City ATT LAUREL	12.a. Nature of interest held			
State NJ 08058 ZIP Code + 4 1057	l r	Expense FOR TRUSTER		
	II .	1eLD 3/11,12/04		
	12.b. Amount.	\$ 801.22		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	GROUP DIN	NER MEETING 12/6/4		
Name GRANZOW CONSULTING GROUP	,	, ,		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any $S_{41} = 366$				
Street 4525 SHAROW Rd				
City CHARLOTTE				
State NC 28211 ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	50.00		

Name of Person Filling George J FRANCISCO, J	R	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	alion		
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name WAT'L CONF. OF FIREMEN + OLEDS, Welfme Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	CHAIRMAN, TR	ustee of Fund		
Street 27 Roland Ave City MT. LAURE (State NJ 08058 ZIP Code + 4 1057	I i			
	12.b. Amount.	801.22		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ACACEMY OF RAIL LABOR ATTORNEYS Trade Name, if any: P.O. Box, Bldg., Room No., if any STO Street / 9 2 5 K S T City WASHINGTON State DC 20006 ZIP Code + 4	14.a. Nature of payment. Group Diwn	vere Meeting 1/12/4		
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	amate \$5000		

Name of Person Filing George J FRANCISCO, JR	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	C. Employer			
Street				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name SEILI AFFL. Officers + Employees Pension Plan	Good FAITH estimates OF The AMOUNT OF			
Trade Name, if any:	Benefits pain To Members of The Firemen + OILERS AFFILIATES,			
P.O. Box, Bldg., Room No., if any	PANTICIPATES + BENEFICIARIES			
Street /3 43 4 5 T	11.b. Approximate dollar value of such dealing. 194.359.60			
City WASHINGTOR	12.a. Nature of interest held or income received.			
State	TRUSTER OF PLAN			
	COST OF GROUP MEIAL ATTENDING MEETING 1/20/4			
	ATTENding meeting 1/20/4			
	12.b. Amount. 9/9.00			
C. Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Jones & Geanger	HOLIDAY GIFT			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any BOBOY 4340				
Street				
City HOUSTON				
State 7 7 7 7 2 10 ZIP Code + 4	,			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment. 8 50.00			
toto to business an Employor 17	Approximately 430.00			

Name of Person Filing George J. TRANCISCO	JA	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	alion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name NATA PAIL ROAD RETIDEMENT TONESTMENT TR. Trade Name, if any: P.O. Box, 8idg., Room No., if any Suite 500	11.a. Nature of such deal NREIT WAS & PUBLIC LAW	STABLISHED PURSUANT TO		
Street 1250 Eye ST. NW City W451+1-9 TON State DC 20005 ZIP Code + 4 5430				
C. Received from any employer (other than an employer covered unde	12.b. Amount.	\$2472.00		
C. Received from any employer (other than all employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name C. MARSHAL FRIEDMAN Trade Name, if any: P.O. Box, Bldg., Room No., if any /DTh FL. Street /0/0 MARK eT ST. City ST. Louis State MO 63/0/1 ZIP Code + 4	or other thing of value. 14.a. Nature of payment.	ANY GIFT A121.00		
13.b. Is the Business an Employer or Consultant?	14.0. Athlount of payment.	9 194.00		

Name of Person Filling George J. FRANCISCO	IR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name UNITED HEALTH CARE				
Trade Name, if any: UHC	a. Labor Organiza	tion		
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 450 Columbus Blvd	[N] c. Embloyer			
City HART FOR D				
State CT. 06/03 ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal			
Name	WHC IS THE NATIONAL R	Administri Pau Tadust	ON HEALTH	
Trade Name, if any:	INSURANCE.	e Plan	Z, ,, -,, -,, -,,	
P.O. Box, Bldg., Room No., if any		, , , , , , , , , , , , , , , , , , ,		
Street	11.b. Approximate dollar val	ue of such dealing.		
City	12.a. Nature of interest he	ld or income received.		
State ZIP Code + 4	2 Compliment	ARY Rds. OF	GOLF	
	1/87/4,1/28/5 2DINNER Me 3/30/4-851.	9329.56		
	2DINNER Me	erings		
	4/20/4-67.	14 01		
	4/20/4-61			
	12.b. Amount.		9 468.56	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name FRANT W. UACCARO4 ASSO	GROUP DI INCLUDIO	nner Mee	Ting	
Trade Name, if any:	includin	g Spouse		
P.O. Box, Bldg., Room No., if any		y		
Street 27 ROLANDAVE				
City MT. LIAUREL				
State N J 08059 ZIP Code + 4 1055				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. APPLO	XAMETLY	9 9000	

Name of Person Filing GEOrge J FRANCISC	eo TR	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Denn'S Jenkins CPA Trade Name, if any: P.O. Box, Bldg., Room No., if any 1200, Sci12/250 Street 1301 SH/LOHPA. City Lenneshw State CA 301 44 ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal		
Name	Accounting		7
Trade Name, if any:	Service	² S	
P.O. Box, Bldg., Room No., if any			
Street			18 02 00 00
City	11.b. Approximate dollar val		\$ 26,726.07
State ZIP Code + 4	HOLIDAYG		
	12.b. Amount.		\$50.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name SIEARA INVESTMENT PATINERS	HOLIDAY W	ine Bottle	e \$ 45.00
Trade Name, if any:	HOLIOLAYW	ine open	e 2.54 38 20
P.O. Box, Bldg., Room No., if any Suite 300 Street 10116NACIO VALLEY Rd.			
City WALNUT CREEK			
State CA 94596 ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		983.00

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Name of Person Filing GEORGE T FRANCISE	DIR	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	Business deals with:			
Name Kelly PRESS	L/3			
Trade Name, if any:	a. Labor Organiza	cion		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street 1701 CABIN BRANCH PR.	C. Employer			
City CH-ev-eRLY				
State Md · 20785 ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name	PRINTING	Services		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar valu	ne of such dealing. #63.3/3.42		
City	12.a. Nature of interest held			
State ZIP Code + 4	Holiday 1	HHM		
	12.b. Amount.	465.00		
C. Received from any employer (other than an employer covered unde	12.b. Amount.	\$65.00		
or from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.	465.00		
	12.b. Amount.	765.00		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. er parts A and B above) or other thing of value.	765.00		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. er parts A and B above) or other thing of value.	465.00		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. er parts A and B above) or other thing of value.	465.00		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. er parts A and B above) or other thing of value.	465.00		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. er parts A and B above) or other thing of value.	465.00		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. er parts A and B above) or other thing of value.	465.00		

Name of Person Filing George J Ferreisco	VR File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	ue from a business (1) a wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name AMERICAN PRODUCTS	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1600 N. CLINTON AVE	C. Employou
city RochesTer	
State Ny 14621 ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROMOTIONAL MERCHANdise,
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11 h. Aparaviganta dellar value of quah depling.
City	11.b. Approximate dollar value of such dealing. 346, 874.25
State ZIP Code + 4	GIFT OF FOOD STUFF
	12.b. Amount. APPROXEMATLY \$50.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	

Name of Person Filing George J. FRANCIS	seo Jr	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Zwerdling Paul, Father Wolly PC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street /025 Conn Ave City WHSHINGTON State DC 20036 ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Legal Se. 11.b. Approximate dollar val 12.a. Nature of interest he 3/9/4 Compl. 1.	lue of such dealing. 776, 979.57		
	12.b. Amount.	7/23.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			